

**State of Wyoming
Department of Health
Substance Abuse Division**
Health.wyo.gov/sad/index.html

Certification Application

***to Provide Substance Abuse Services
for Treatment
including DUI/MIP Level of Service***

Section I: Applicant Information

Agency or Applicant's Name	_____
Applicant's Address	_____ _____ _____
County/Counties of Applicant's Office	_____ _____
Applicant's Telephone Number	_____
Applicant's E-mail Address	_____
Applicant's Fax Number	_____
Name of Contact Person and Title	_____ _____

Mental Health and Substance Abuse Services Division, WDH
Mary Jane Schultz, MSW
Certification and Training Specialist
6101 Yellowstone Road, Ste. 220
Cheyenne, WY 82002
(307) 777-5253, fax (307) 777-5849

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Section I: Certification Procedures for Treatment, Criminal Justice Population and DUI Education

1. Application procedure

- a. Applications packets are sent out electronically and physically 45 days before on-site visit.
- b. Completed applications will be sent to the appropriate Regional Consultant at the Substance Abuse Division.
- c. Regional Consultant will initiate the creation of a provider file which will contain the file original and forward a copy to the certification specialist .
- d. The certification specialist will review the application and attached documentation for compliance and will make any recommendations to the Substance Abuse Division on whether to accept documentation.
- e. Certification specialist and Division staff will conduct a conference call once every two weeks to review and approve certification applications.
- f. The certification specialist will contact applicant and schedule an on-site visit as appropriate or provide information on additional needed documentation.
- g. Any additional requested documentation will be mailed to the Division and entered into the applicants record and copies of documentation will be forwarded to the certification auditor.
- h. The certification specialist will complete site visit and prepare a certification report.
- i. The certification specialist will forward certification report to Division staff for review.
- j. The certification specialist and Division staff will conduct a conference call once every two weeks to review and approve certification reports.

2. Suspension or revocation of certification

- a. If indicated by certification instrument score, the certification specialist will meet with the Division staff regarding recommendations for revocation and certification.
- b. If revocation of certification is agreed upon, Division staff will contact the identified certificate of such decision by phone and certified mail.
- c. The appeals process will follow the Substance Abuse standards protocols for appeal.

3. Corrective Action Plans

- a. Corrective Action Plans are based on the certification report and will be submitted to the identified Substance Abuse Division Administrator and Regional Consultant within 30 days of the receipt of the certification report.
- b. The Regional Consultant will initiate the creation of a provider file to contain the original and forward a copy to the certification specialist.
- c. The certification specialist will review the Corrective Action Plan for compliance and will make recommendation to the Division on whether to accept or reject the plan. The certification specialist and Division staff will conduct a conference call as necessary to review and approve corrective action plans.

Section II: State Certification Process and Timeline

- Upon receipt of the application consisting of the application form, supplemental documents, along with one copy (or an e-mail copy) of the completed policy and procedure manual for the program providing the service to be certified, the Substance Abuse Division will review the application for compliance with these rules. Within sixty (60) calendar days after receiving the completed application, the Division shall either approve or deny the application. The Division's failure to meet this deadline shall not be construed as approval of the application.
- An application may be approved subject to conditions provided those conditions are fully set forth in the letter communicating the conditional approval. In the event an application is approved subject to conditions, the applicant must communicate its plans for complying with the conditions. If the applicant is unwilling to comply with the conditions, the application shall be deemed denied pending further negotiations.
- If the application is denied, the Division shall give the applicant written reasons for the denial and shall inform the applicant of its right to appeal. Requests for appeal shall be made to the Department, in writing, no later than thirty (30) days following the receipt of a notice of denial and shall be conducted pursuant to Wyoming Administrative Procedure.
- Upon Division approval of the applications, the Certification Specialist will contact the applicant, within thirty (30) days of Division approval, to schedule a certification site visit.
- The applicant is notified of the preliminary results of the site review within thirty (30) days of review of the services.
- Organizations need to then submit a corrective action plan to the Division for review after receiving the report

The time line is designed to act as an overview of the state certification process.

Section III: State Certification Application Packet Checklist

Please return the completed ***Checklist and Application for Certification*** to the Division with the following enclosed:

- ☐ Level of services applying for in this application (Section IV).
- ☐ Documentation evidencing the authority of the provider to do business in the State of Wyoming (e.g., business license, copy of Articles of Incorporation filed with the Wyoming Secretary of State, etc)
- ☐ Copies of current Articles of Incorporation and By-Laws, if applicable.
- ☐ A listing of all names used by the provider in the practice of business.
- ☐ Attachment A – Ownership and Governing Board Membership List
- ☐ Attachment B – Current Staff Information List
- ☐ Attachment C – Requirements Specific to DUI Education Programs
- ☐ Attachment D – Certification Regarding Debarment, Suspension, and Other Responsibility Matters
- ☐ Three (3) professional reference letters from parties with whom you have provided similar services in the last two (2) years. *(This is not applicable for providers currently funded by the Division.)*
- ☐ Copies of current malpractice/professional liability insurance.
- ☐ One **electronic** copy of the program's current policies and procedures manuals. Please identify items which have been added or revised since the last review.
- ☐ An assurance signed by the applicant's designated legal representative or agency director that: certifies and discloses in accordance with the regulations implementing Executive Order 12549, Debarment and Suspension, 28 CFR Part 67, Section 67.510, that no person or organization on the federal debarment list receives federal grant funds.

All items listed above should be submitted together. The receipt, in the Division, of the one (1) copy of the policy and procedure manual complete the application for service certification. The Certification Specialist will be contacting each applicant to schedule an inspection to determine whether requirements for certification of the service have been met. This inspection will be scheduled to occur within thirty (30) days of the receipt of the policy and procedure manual in the Division.

Please submit all materials related to service certification to the following:

Mental Health and Substance Abuse Services Division, WDH
Mary Jane Schultz, MSW
Certification and Training Specialist
6101 Yellowstone Road, Ste. 220
Cheyenne, WY 82002
(307) 777-5253
maryjane.schultz@health.wyo.gov

Section IV: Application for Level of Service

(Place a check next to each level that applies.)

- ☐ Level I Outpatient Adult
- ☐ Level I Outpatient Adolescent

- ☐ Level II.1 Intensive Outpatient Adult
- ☐ Level II.1 Intensive Outpatient Adolescent
- ☐ Level II.5 Partial Hospitalization Adult
- ☐ Level II.5 Partial Hospitalization Adolescent

- ☐ Level III.1 Clinically Managed Low-Intensity Residential Treatment Adult
- ☐ Level III.1 Clinically Managed Low-Intensity Residential Treatment Adolescent
- ☐ Level III.3 Clinically Managed Medium-Intensity Residential Treatment Adult
- ☐ Level III.5 Clinically Managed Medium-Intensity Residential Treatment Adolescent
- ☐ Level III.5 Clinically Managed High-Intensity Residential Treatment Adult
- ☐ Level III.7 Medically Monitored High Intensity Residential/Inpatient Treatment Adolescent
- ☐ Level III.7 Medically Monitored Inpatient Treatment Adult

- ☐ Level IV Medically Managed Intensive Inpatient Services Adolescents

- ☐ Level I-D Ambulatory Detoxification without Extending On-Site Monitoring
- ☐ Level II-D Ambulatory Detoxification with Extended On-Site Monitoring
- ☐ Level III.2-D Clinically Managed Residential Detoxification
- ☐ Level III.7-D Medically Monitored Inpatient Detoxification
- ☐ Level IV-D Medically Monitored Inpatient Detoxification
- ☐ Level IV-D Medically Monitored Intensive Inpatient Detoxification
- ☐ DUI/MIP Education
- ☐ Co-Occurring Disorder Treatment
- ☐ Women's Treatment Services
- ☐ Residential Treatment for Persons with Dependent Children
- ☐ Criminal Justice Population
- ☐ Emergency Assessment and Referral Service

Attachment A

Ownership and Governing Board Membership List

Using the following criteria, include a list of board members:

- ❑ Name
- ❑ Address
- ❑ Phone number
- ❑ Using the following initials, designate in what capacity these people function for the applicant.
(**O**-Ownership, **D**-Director, **FI**-Financial Investors, or **BDM**-Board Member)

Attachment B

Current Staff Information List

Using the following criteria, submit a list of current staff including director, fiscal staff, accounting staff, clinicians, case managers, psychology staff, contract workers, etc.

- ☐ Name
- ☐ Title
- ☐ Degree
- ☐ Licenses
- ☐ Percent of time spent on substance abuse activities

Attachment C

Documentation Requirements Specific to DUI Education Programs

The certification process for DUI Education is primarily a documentation review process. Please return the completed documentation requirements below to the Division with the following enclosed:

Compliance to these requirements is a process. If there is some documentation the program does not have to date, please provide a plan with time lines on how the program will meet these requirements. Technical assistance is available to any program that requests assistance in complying with these requirements.

The following requirements are for DUI Education Programs. The organizational, personnel, and fiscal sections will be reviewed during the treatment certification process.

DUI/MIP Education Procedures/Requirements

Programs and providers who limit services to educating persons who have driving while under the influence or minors in possession or similar citations do not need to comply with subsections (j), (k), (p), (s), (t), (u), (v), (w), (x), (y), (aa), (bb), (cc), (ee), and (gg) of Section 6 of these rules. Such programs must, however, be certified under Section 4 of these rules. The requirement of DUI/MIP Education is set forth in this section [Section 7, (a)].

Nothing in these rules shall prevent either the court or the provider from imposing additional requirements they may deem necessary [Section 7, (i)].

- ☐ Provide documentation showing that the provider of these services demonstrates the ability through education and training to provide the services required under this section.
- ☐ Provide documentation that the provider assures that each client is assessed using the current version of the ASI and ASAM. Provide documentation showing that the results of the assessment were provided to the court and the Department of Transportation, Drivers' Services upon request including the written consent of the patient/client. Provide documentation showing that when the results indicate a need for additional services, the provider made the appropriate referral.
- ☐ Provide documentation that the provider maintains records documenting client attendance and course completion or failure to attend and/or complete.
- ☐ Provide documentation that the provider provided the client with education in the following subjects: social influences of alcohol use, physiological aspects of drug and alcohol use, state laws and consequences of violation, and effects of drug and alcohol use on driving abilities.
- ☐ Provide documentation showing that the provider provided the client with education on high-risk behaviors and consequences associated with drug and alcohol abuse and addiction including the following: communicable disease, prenatal effects, family violence, child abuse and neglect, and impact on health.
- ☐ Provide documentation that the provide administered a pre- and post-program examination covering the subject set forth above to each client for the purposes of

measuring the person's acquisition of knowledge resulting from participation in the program.

- ❑ Provide documentation that the provider has documentation showing that the client developed a personal action plan approved by the provider setting forth action he/she will take in the future to avoid violations.
- ❑ If the client fails to follow the court order or requirements of the Department of Transportation to successfully complete the course, provide documentation that the provider reported this failure to the court and any supervising or probation agent and/or the Department of Transportation within one week of the failure.

Attachment D

Certification Regarding Debarment, Suspension, and Other Responsibility Matters

Primary Covered Transactions

Instructions for Certification

By signing and submitting this proposal, the prospective primary participant is providing the certification set out below.

The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. The prospective participant shall submit an explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the department or agency's determination whether to enter into this transaction. However, a failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.

The certification in this clause is a material representation of fact upon which reliance was placed when the department or agency determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.

The prospective primary participant shall provide immediate written notice to the department or agency to which this proposal is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. You may contact the department or agency to which this proposal is being submitted for assistance in obtaining a copy of those regulations.

The prospective primary participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency entering into this transaction.

The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," provided by the department or agency entering into this covered transaction, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.

Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The

knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.

Certification Regarding Debarment, Suspension, and Other Responsibility Matters

The prospective primary participant certifies to the best of its knowledge and belief, that it and its principles:

- 1) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency;
- 2) Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, state or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- 3) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph 1 (b) of this assurance; and
- 4) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.
- 5) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Signature of Provider, Legal Representative
or Agency Director

Date